POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	_(signature)_	32	7/4
FORMALITY REVIEW	TT	1112	8/15/01
RESPONSE FORMALITY REVIEW	ZM	927	11-21-01

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INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
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−	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim Final	Original	Date
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If more than 150 claims or 10 actions
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